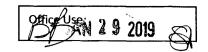


## Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



MISSOURI ETHICS COMMISSION

HAND DELIVERED

## **Statement of Committee Organization**

1.	Statement Information  Date: 29/19	
	Type: New Amended (if amending, enter MEC ID C190764 & section changed)	
2.	Committee Information	
elieve in L	Liberty B. I. L. L. PAC Spell	out + BILL PAC
	Name of Committee  10 20 S Bonton Avenue  Committee Mailing Address, City, State, & Zip	StCharles Mo 63301 (636) 577-5160
		St. Charles
		County Clerk or Board of Election Commissioners
	Committee Type: ☐ Campaign ☐ Candidate ☑ Continuing (	(PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party
3.	Treasurer/Deputy Treasurer Information	
	Treasurer's Name (First & Latt)	Treasurer's Email Address (optional)
	Treasurer's Mailing Address, City, State, & Zip & 3301	(L36) 577-5160 Treasurer's Home Telephone Number Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)
		()()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	e? 🗆 Yes (refer to instructions on back) 🗀 No
5.	Official Bank Account Information (required by all committees	
υ.	canoncate supported of Opposed (canoncate committees must	include self, if candidate)
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)
	Election Date Office Sought & Political Subdivision	Political Party Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees	must complete this section)
		Election Date & Political Subdivision Support or Oppose
_	Name of Ballot Measure	· · · · · · · · · · · · · · · · · · ·
8.	Signature(s) Check certification(s) & sign (required by all committees)	
	☐ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.	
	Committee Treasurer	Candidate (Candidate Committees Only)